

DEPARTMENT OF HEALTH and HUMAN SERVICES
INSTRUCTIONS FOR
ADMIT/TRANSFER/DISCHARGE FORM for
PRIVATE NONMEDICAL INSTITUTION (PNMI)
MAINECARE MEMBERS ONLY

This form communicates admit, transfer, and discharge of MaineCare members ONLY to and from Private NonMedical Institutions (PNMIs) and has an impact on reimbursement to providers.

Member Name: Enter the complete name of the consumer. First, MI, Last.

MaineCare Number: Enter 9 digit MaineCare number.

Facility Name: Enter your facility name. Do not enter a corporate company name.

Facility Contact Person: Enter name of contact person from your facility who may be contacted to discuss the admit, transfer, or discharge status of this consumer.

Facility Telephone: Enter your facility phone number. Facility Fax: Enter your facility fax number. Facility E-mail: Enter your facility's email address for appropriate person if available.

☐ **NEW ADMIT TO YOUR FACILITY** Admit Date _____

Check this box and enter the date of admission of this consumer if he/she is a MaineCare member. This also applies to private pay residents who convert to MaineCare. First day of MaineCare coverage equals admit date. Fax this to OES. To avoid payment problems, PNMIs must submit this form to OES on the date of admission or the next working day. Please keep a copy of the form and verification, if submitted by fax (a fax print journal is best), to document that it has been sent to OES.

☐ Notified OIAS (when new admit is SSI recipient)

For SSI recipients entering your facility, notification to the regional OIAS office will expedite a cost of care being available. Classifications for SSI recipients cannot be entered by OES until a cost of care is verified in ACES. By each facility contacting the regional OIAS on admission of an SSI recipient, we hope to avoid delays in entering the classifications. Please check the box based on whether or not a contact has been made with OIAS office for new admits who are SSI recipients.

OES Response:	End Date _____	(Reclassification Due)
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OES will verify financial status, cost of care and enter classification upon receipt of this form for new admissions. OES will return the form to your facility with the above block filled in with the eligibility end date that has been entered into the classification system. This date will be the next reclassification due date. This means as that date approaches you must notify OES that the member continues to reside at your facility. Reclassification dates will not be extended beyond a year at anytime. Reclassification dates cannot be extended without current cost of care and continued financial eligibility.

☐ **RECLASS:** (Member continues to reside at your facility) Current Reclassification Due Date _____

Check this box and enter the current reclassification due date for this consumer if he/she is a MaineCare member. Fax this to OES. The reclassification due date is the start date of the new period of classification for a MaineCare member who is staying in your facility. Typically the annual reclassification date is one year from the date of admission or one year from the date that financial eligibility is determined. Annual

redetermination or review of financial eligibility is required under MaineCare. To avoid payment problems, fax at least 14 days prior to reclassification due date. End dates will not be extended without receipt of this form. Responsibility for notifying Department of continued residency rests entirely with the facility.

OES Response: End Date _____ (Next Reclassification Due)

OES will verify financial status, cost of care and enter classification upon receipt of this form for members who continue to reside at your facility at time of reclassification. OES will return the form to your facility with the above block filled in with the eligibility end date that has been entered into the classification system. This date will be the next reclassification due date. This means as that date approaches you must notify OES that the member continues to reside at your facility. Reclassification dates will not be extended beyond a year at anytime.

TRANSFERRED TO: (send to OES Fax # 287-9230. **Do NOT send to OES if resident is NOT a MaineCare member**)

If a resident will be in the hospital for more than 24 hours the Department requests that the facility notify OES of the need for leave days and payment of PNMI bed during a hospitalization. Payment shall be granted as long as the resident is expected to return to the PNMI. Check the box and enter the Hospital Admit date.

☐ Hospital: Name _____ Admit Date _____ Return to PNMI Date _____

When a resident returns from a hospital to your facility send this form again filling in the 'Return to PNMI Date'. Enter date of return from hospital in space provided to indicate member's return to the PNMI. Responsibility for informing the Department of dates of transfer rests entirely with the PNMI. Only PNMI staff are aware of when a current resident has been transferred to and returns from the hospital.

If a resident enters a nursing facility for a short term stay either from the hospital or from your facility and is expected to return to your facility, complete the following fields and fax the form to OES.

☐ Nursing Facility: Name _____ Admit Date _____ Return to PNMI Date _____

OES will be changing the classification code on receipt of any NF assessment outcomes received from Goold Health Systems. Receipt of a transfer form from the PNMI assures OES of the member's plan to return to the PNMI.

If a resident is leaving the facility for a short term stay elsewhere and is expected to return to your facility, complete the following fields and fax the form to OES. Enter the start and end dates of the leave day request and check corresponding reason for leave from your facility by checking vacation, home stay or other reason.

☐ Leave Day Request Start Date _____ End Date _____

☐ Vacation ☐ Home Stay ☐ Other (specify): _____

☐ **DISCHARGED TO** (send only to OES Fax # 287-9230. Do **NOT** send to OES if **resident is NOT** a MaineCare member.)

This section is used to notify the Department of all MaineCare discharges within one business day from the day of discharge. Indicate the home address or facility name and date of discharge. **REMEMBER** that a transfer from one PNMI to another PNMI is considered a discharge. Use the section below.

☐ Home Address: _____ Date _____

☐ Other PNMI (name): _____ Date _____

☐ Nursing Facility (name): _____ Date _____

☐ **DECEASED** Date of Death _____ Location at time of death: ☐ PNMI ☐ Hospital ☐ NF

This section is used to notify the Department when a MaineCare member who has been receiving PNMI services dies. Enter date of death. Specify member's location at time of death.

Person completing this form: _____ Date Submitted: _____

Enter the name of the person completing this form. Please keep a copy of this form and verification, if submitted by fax (a fax print journal is best), to document that it has been sent to OES.

If you submit the form by fax to notify OES of a transfer to a NF or hospital, you can use the same form to notify OES of the return to your facility by simply filling in the return dates on the same form. A new form will be used for each new transfer; however the same form can be used to indicate the transfer to and from a place for one incident.

If you are not able to fax this form to OES please mail to:

ATTN: AnnMarie Stevens
Office of Elder Services
Department of Health & Human Services
442 Civic Center Drive
11 State House Station
Augusta, Maine 04333-0011